



MEDICAL REPORT

OF

The Royal Lunatic Asylum

OF ABERDEEN,

FOR THE YEAR ENDING 31st DECEMBER,

1860.

ABERDEEN:

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1861.



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1861.

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MISS ELRICK,.....*Matron.*

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MEDICAL REPORT.

THE daily number of Patients resident in the Asylum during the year 1860, varied from three hundred and five to three hundred and seventeen, and averaged three hundred and eight.

The number of new Patients admitted has been but seventy-two ; regarding whom the only non-medical facts of interest are, that they are almost entirely cases belonging to the Town and County of Aberdeen—that they constitute the smallest total of admissions that has been recorded for four years—and that a larger proportion than in any preceding Report consists of Private Cases. A great many applications were rejected on account of the crowded state of the Hospital at the time ; but it is believed that a large majority of these were ultimately admitted, and that, at least, a third of the number refused were not persons belonging to the district for whose wants the Establishment is understood to provide. The number of Parochial and Private Cases have been nearly the same—a circumstance tending to justify and encourage the Managers in the

expensive measures now being carried out for the separate and improved accommodation of the latter class of Inmates, which in the Aberdeen Asylum is more comprehensive than in many Institutions of the kind, and has of late been gradually extending.

It is much to be desired that a tendency to enter Boarders at the lowest, instead of at the best scale which their circumstances allow, should be pointed out as acting often very unfavourably on the prospects of cure. There is no doubt whatever that, in the majority of curable cases requiring the aid of such an Institution, the comforts of the Patient should not in a marked degree fall below what he has been accustomed to have, and that often a higher standard of accommodation not only prevents the development of disagreeable symptoms, but even aids materially both the chances and progress of recovery. As all the rates are, or ought to be, the same, as regards the financial welfare of a House of this kind, being fairly adjusted bargains betwixt it and those receiving the benefit of its care, while the medical treatment and attention, it is well understood, admit of no regulation by sliding scale, this impropriety of placing Patients at rates unnecessarily under the mark of what their circumstances will afford, may without impropriety be here remonstrated against.

In curable cases, it would be well, too, that it were represented that those pecuniarily responsible for their support should not, without due consideration of the necessity for so doing, seek to take advantage of benevolent funds applicable to the relief of Private Patients at indigent rates of board, but bear in mind that a reduc-

tion of payment ought to be understood as, of course, implying a reduction of the scales of dietary, accommodation, and attendance. I believe that a fund applicable in the way of supplementing the quarterly payments, in curable cases more particularly, so as to entitle the individual to increased comforts, would be practically more philanthropical than one merely tending to encourage the transfer of a proper burden from relatives and friends to the depressed position of a charge on some charitable benefaction. In many cases entered at a higher board, and heedlessly reduced to a lower, a weight which should be borne by the connexions of the Patient themselves may, in this way, be unfairly thrown upon the Establishment ; for it occasionally happens that much of the advantage of the higher scale must be continued at the lower rate, unless the chances of recovery are to be perilled for the sake of economy.

Since the late changes in the law in regard to lunacy matters, the Physicians to Hospitals for the Insane have had to receive cases and to commence their treatment often with less than adequate information of their medical features and previous history. These matters used to be got at by such forms as were then in use in this and other Asylums ; but the new Act has fixed a form of procedure which, while it provides for less than a proper amount of medical information, is so cumbersome as to discourage farther calls being made on the knowledge of already sufficiently disturbed and perplexed relatives, or wearied parish officials. Should the Act at any time undergo revisal, it would be a great

improvement to simplify the character of the present form of Medical Certificates, and to introduce a supplementary statement of a medical kind, to be signed by one or other of the certifiers, from which the Physician might gain more information than he now does available for prognosis and treatment.

An attempt has been made as usual to give in the statistical division of the Report a view of the causes or combination of causes leading to the mental disturbance in the cases admitted, about which, in regard to the particular year, the only remark that occurs as in any way different from ordinary is, that the cases attributed to Intemperance are less in number, and those to Excitement of a devotional description more in number than usual. These last have occurred in every instance in persons of a nervous constitution of dubious integrity. Such cases occasion a good deal of anxiety, but generally seem to do well, although assuming, according to temperament and tendency, all forms of excitement, delusion, and depression, even that extreme form of the last, which is called Melancholia Attonita, but which is truly a form of Dementia.

Thirty-two Patients have been discharged as recovered after periods of residence varying from five or six weeks to three years. The majority of curable cases get well within three or four months; but under the regimen of a good Asylum, no case of pure excitement or depression is to be despaired of even after the lapse of years. The character of the cases under treatment this year has been of a low standard, and the average duration of residence has been upwards of six months. A

larger proportion of the admissions of late years have required for the successful management of their symptoms a somewhat more liberal dietary than the minimum, and it would seem, from comparison with past experience, that the necessity for a combination of a stimulant with the tonic treatment is rather increasing. All the discharges have kept well, wth the exception of two Patients whose removal by their relatives was contrary to advice, as being premature, convalescence not having been sufficiently confirmed by time to warrant the risk of liberation.

The duration of residence in those cases which have terminated fatally has varied from four days to thirteen years. The average time has been about three years. Delay in sending cases for treatment is a cause of an enlarged obituary almost every year in such reports, and operates fully as much as usual on statistical results on this occasion. Where such neglect is due to the affection of relatives unwilling to surrender a painful duty to others, it may be sympathized with ; and where distance or narrow means have led to undue consideration of the step, it may be excused ; but where it arises, as it may sometimes do, from the continuance of ill-judged treatment in the unsuitable circumstances of the patient's ordinary dwelling, it is to be distinctly condemned. A Patient beyond hope of recovery or even in danger of dissolution, after prolonged mismanagement has at last prescribed, for the completion of the cure, removal to an Asylum, and thus its officials are made chargeable with the necessary failure of good results from such excellent but ill-timed advice. It is

not to be forgotten, however, that a long journey in a state of excitement tending to exhaustion may be apt, although it be towards an Asylum, rather to hasten than to help to retard death.

The ages of Patients dying ranged from twenty-one to eighty-two years, and averaged about forty-five. No less than a proportion equivalent to thirty-six per cent. of the deaths is this year attributable to the remarkable condition of cerebral disorganization known under the name of the *general paralysis* of the Insane, a disease which is on the increase in this country, though less known in this than in most Asylums. The majority of deaths from general paralysis occurs about forty-five, but several deaths in the Hospital have this year happened from this cause at a considerably earlier age—one of them at twenty-seven, which is, I think, the youngest example of the disease I have known in this Asylum. In one case, over-smoking was considered by the relatives to have had a concern in the early production of this affection—a habit held by some French Pathologists not unlikely to occasion the disease, and undoubtedly when indulged in, in early life, before the full maturity of the nervous system, very capable of contributing to cerebral degeneration and a predisposition to insanity.

The general health of the community has been much as in former years, with the exception of the occurrence of several lingering cases of fever of a gastric type amongst the servants of the house.

The Lunacy Inspectors visited the House more than once during the year—examining all the apartments, seeing personally every inmate, ascertaining the

regularity of Warrants and Registers, giving special audiences to all malcontents desiring private interviews, and making such criticisms and remarks as suggested themselves. In addition to the many Records necessary or required, a form was sent by the General Board of Lunacy for a Register of Callers to be established at the gate of the Asylum ; and which, being of a kind not likely to be acceptable to the class of Visitors at such mixed Hospitals as the Aberdeen Asylum, was remonstrated against, and at once allowed to be withdrawn. Every accommodation for the visits of friends has of late years been made ; and admission is given on two days of the week. Visitors from the country are admissible at other times ; and Patients, having separate sitting-rooms of their own, have greater facilities for frequent intercourse with their friends. These interviews, though under regulations, are not hampered by any unnecessary attendance ; nor, although of a sufficiently unrestricted kind, allowed to be made uncomfortable to either party. No visits take place unsanctioned by the Medical Superintendent ; and refusals of access are made only in cases in which the visit is judged to be disagreeable to the Patient himself, hurtful to him if he is under treatment, or contrary to the wish of his relatives or guardians.

ROBERT JAMIESON, M.D.,

MEDICAL SUPERINTENDENT.

TABLES.

TABLE I.

GENERAL RESULTS OF THE YEAR.

	Males.	Females.	Total.
Patients in the Asylum, 1st January, 1860,....	144	163	307
Admitted during the year,.....	39	39	78
Under care and treatment during the year,.....	183	202	385
<i>Removed during the Year:</i> —			
Recovered,	15	17	32
Relieved,	3	6	9
Unimproved,	3	6	9
Dead,	16	6	22—37
Remaining in the Asylum, 31st Dec. 1860,....	146	167	313

TABLE II.

RELATIVE NUMBER OF PRIVATE AND PAROCHIAL CASES.

	Males.	Fem.	Total.	Males.	Fem.	Total.
Private cases in Asylum, 1st						
January, 1860,	52	36	88			
Do. admitted during the year,	17	19	36			
Total of Private cases {						
during the year,	69	55	124			
Parochial cases in Asylum, 1st						
January, 1860,.....	92	127	219			
Do. admitted during the year,	22	20	42			
Total of Parochial cases {						
during the year,	114	147	261			
Total number of cases,.....	183	202	385			

TABLE III.

CLASSIFICATION OF ADMISSIONS RELATIVE TO PLACES OF RESIDENCE.

	Males.	Females.	Total.
From Aberdeen and Suburbs,	24	15	39
From Aberdeenshire,.....	12	20	32
From more distant Localities,.....	3	4	7
	—	—	—
	39	39	78

TABLE IV.

SOCIAL CONDITION OF PATIENTS ADMITTED.

	Males.	Females.	Total.
Single,	21	21	42
Married,.....	13	17	30
Widowed,.....	5	1	6
	—	—	—
	39	39	78

TABLE V.

AGE OF PATIENTS ADMITTED.

	Males.	Females.	Total.
From 10 to 20,	3	0	3
,, 20 to 30,	14	13	27
,, 30 to 40,	4	12	16
,, 40 to 50,	9	5	14
,, 50 to 60,	6	7	13
,, 60 to 70,	1	1	2
,, 70 to 80,	2	1	3
	—	—	—
	39	39	78

TABLE VI.

OCCUPATION OR STATION IN LIFE OF PATIENTS ADMITTED.

MALES.

Attendant on Insane,.....	1	Gardeners,	2
Bank Clerks,.....	2	Hawker,.....	1
Blacksmith,	1	Labourer,.....	1
Brickmaker,.....	1	Officer in Army,	1
Butcher,	1	Pauper,	1
Clerks,	3	Printer,.....	1
Combmaker,.....	1	Sailor,	1
Crofters,	2	Shoemakers,.....	2
Draper,	1	Shopmen,	2
Engraver,	1	Sweep,.....	1
Farmers,	4	Tailor,	1
Farm Servants,.....	3	Vagrant,.....	1
Farmers' Sons,	2	Watchmaker,.....	1

FEMALES.

Domestic Servants,.....	2	Labourer's Wife,.....	1
Dressmaker,.....	1	Mason's Wife,,.....	1
Druggist's Wife,	1	Millworker,.....	1
Farmer's Daughter,	1	No occupation,,.....	5
Farmer's Widow,	1	Paupers,	3
Farmers' Wives,.....	2	Post-runner's Wife,	1
Farm Servant,.....	1	Sailor's Wife,	1
Farm Labourer's Wife,.....	1	Servants,	4
Fishers,.....	3	Shipmaster's Wife,.....	1
Fishers' Wives,.....	2	Shopkeeper,	1
Governesses,	2	Staymaker,	1
Hawkers,.....	2		

TABLE VII.

FORM OF INSANITY IN CASES ADMITTED.

	Males.	Females.	Total.
Dementia,	8	7	15
Mania,	17	17	34
Melancholia,	8	14	22
Monomania,	6	1	7
	<hr/>	<hr/>	<hr/>
	39	39	78

TABLE VIII.

COMPLICATION OF CASES ADMITTED WITH NERVOUS DISEASE.

	Males.	Females.	Total.
Epilepsy, with Mania,.....	4	0	4
Paralysis, with Dementia,	1	2	3
Paralysis, with Monomania,	2	0	2
Hysteria, with Mania,.....	0	1	1
	—	—	—
	7	3	10

TABLE IX.

COMPLICATION OF CASES ADMITTED WITH DISEASED IMPULSE.

	Males.	Females.	Total.
Suicidal Impulse, with Mania,.....	1	0	1
Suicidal Impulse, with Melancholia,	5	3	8
	—	—	—
	6	3	9

TABLE X.

NATURE OF CAUSES ASSIGNED.

Cause assignable, in	about 58 per cent.
Hereditary predisposition, in	„ 23 „
Moral cause, in	„ 11 „
Physical cause, in	„ 22 „
Moral and Physical causes combined, in	„ 5 „
Previous attack, in.....	„ 24 „

TABLE XI.

CASES ADMITTED SUPPOSED ATTRIBUTABLE TO MORAL CAUSE.

No.	EXCITING CAUSE.	SEX.	AGE.	FORM OF DISEASE.
1	A Quarrel,	M.	24	Mania.
2	Death of Wife,	M.	60	Mania.
3	Devotional Excitement, .	F.	37	Melancholia.
4	Devotional Excitement, .	M.	34	Monomania.
5	Devotional Excitement, .	M.	26	Melancholia.
6	Disappointment in love, .	M.	25	Melancholia (suicidal).
7	Injudicious treatment after discharge,	F.	23	Melancholia.
8	Sudden death of husband, .	F.	37	Mania.
9	Trouble in business, .	M.	59	Mania.

TABLE XII.

CASES ADMITTED ATTRIBUTED TO PHYSICAL EXCITING CAUSE.

No.	CAUSE.	SEX.	AGE.	FORM OF DISEASE.
1	Age, . . .	M.	71	Dementia.
2	Change of Life, . .	F.	53	Mania.
3	Childbirth, . . .	F.	32	Mania.
4	Childbirth, . . .	F.	30	Mania.
5	Childbirth, . . .	F.	25	Melancholia.
6	Childbirth, . . .	F.	22	Mania.
7	Disease of Brain, . .	F.	72	Dementia.
8	Injury of Head, . .	M.	34	Mania.
9	Intemperance, . .	M.	56	Melancholia (suicidal).
10	Intemperance, . .	M.	50	Monomania.
11	Intemperance, . .	M.	47	Melancholia.
12	Intemperance, . .	M.	33	Mania.
13	Nursing, . . .	F.	35	Melancholia.
14	Nursing, . . .	F.	33	Dementia.
15	Nursing, . . .	F.	30	Mania.
16	Nursing, . . .	F.	23	Dementia.

TABLE XIII.

CASES ADMITTED ATTRIBUTED TO COMBINED MORAL AND PHYSICAL CAUSES.

No.	MORAL CAUSE.	PHYSICAL CAUSE.	SEX.	AGE.	FORM OF DISORDER.
1	Death of Child, .	Previous attack,	M.	53	Mania.
2	Death of Sister, .	Hereditary, .	F.	48	Melancholia.
3	Death of Wife, .	Injury of head	M.	38	Mania.
4	Devotional excitement,	Destitution .	F.	30	Mania.

TABLE XIV.

CASES DISCHARGED RECOVERED.

No.	Sex.	Form of Mental Disorder.	Causes of Disorder.	Duration of Residence.
				Y. M. W. D.
1	M.	Dementia,	Hereditary, .....	... 2 ... 5
2	M.	Dementia (acute), .....	.....	... 2 2 ...
3	F.	Dementia,	Hereditary—nursing,.....	... 1 1 3
4	M.	Mania,	A quarrel, .....	... 5 1 4
5	M.	Mania,	Connate imbecility, .....	... 6 4 ...
6	M.	Mania,	Devotional excitement,	1 1 ... 5
7	M.	Mania,	Hereditary—intem.—prev. attacks,	2 4 2 5
8	M.	Mania,	Hereditary—intemperance, .....	... ... 3 4
9	M.	Mania,	Hereditary, .....	... 5 3 2
10	M.	Mania,	Hereditary, .....	... 2 1 4
11	F.	Mania,	Devotional excitement—destitution,	... 1 2 1
12	F.	Mania,	Devotional excitemt.—amenorrhœa,	... 9 4 1
13	F.	Mania,	Over-excited joyous emotion, .....	... 4 ... 5
14	F.	Mania,	Intemperance—dissipation, .....	... 11 4 1
15	F.	Mania,	Hereditary, .....	... 2 ... 2
16	F.	Mania, .....	.....	... 6 ... 6
17	F.	Mania, .....	.....	... ... 3 6
18	F.	Mania, .....	.....	... 2 2 4
19	F.	Mania, .....	.....	... 8 1 3
20	M.	Melancholia (suicidal)	.....	... 4
21	M.	Melancholia (suicidal)	.....	... 5 1 ...
22	M.	Melancholia (suicidal)	Hereditary-- influenza,	1 1 2 ...
23	M.	Melancholia,.....	Hereditary—suicide of daughter, ..	... 3
24	M.	Melancholia,.....	Hered.—over-exctmt. in business,...	3 1 3 6
25	M.	Melancholia,.....	Intemperance,.....	... 2
26	F.	Melancholia (suicidal)	.....	... ... 3 ...
27	F.	Melancholia,.....	Death of husband, .....	... 4 2 1
28	F.	Melancholia,.....	Death of sister—hereditary,.....	... 1 1 6
29	F.	Melancholia,.....	Injudicious treatmt. after discharge,	... 1 2 4
30	F.	Melancholia,.....	Hereditary,.....	... 3 2 6
31	F.	Melancholia,.....	Hereditary,.....	... 2 3 6
32	F.	Melancholia,.....	.....	... 5 4 1

TABLE XV.—DEATHS.

No.	Sex.	Age.	Form of Mental Disorder.	Causes.	Duration of Residence.	Cause of Death.
1	M.	82	Dementia,	Age,	Y. 1	Gradual decay of Age.
2	M.	55	Dementia,	Disease of Brain—Intemperance,	M. 8	Apoplexy.
3	M.	33	Dementia,	Intemperance—over-smoking,	0	Paralysis.
4	M.	32	Dementia,	Intemperance,	9	Paralysis.
5	M.	32	Dementia,	Intemperance,	1	Accidental choking—(gen. paral.)
6	M.	27	Dementia,	Intemperance,	9	Paralysis.
7	M.	25	Dementia,	Intemperance,	1	Epilepsy.
8	M.	21	Dementia,	Fright,	11	Epilepsy.
9	F.	32	Dementia,	Hereditary,	5	Epilepsy.
10	F.	22	Dementia,	Hereditary,	5	Dysentery.
11	F.	51	Dementia,	Hereditary,	6	Paralysis.
12	F.	56	Dementia,	Hereditary,	1	Paralysis.
13	M.	70	Mania,	Death of Wife,	0	Paralysis.
14	M.	60	Mania,	Loss of Employment,	1	Maniacal Exhaustion.
15	M.	40	Mania,	Hereditary,	0	Paralysis.
16	M.	34	Mania,	Hereditary,	1	Epilepsy.
17	M.	30	Mania,	Hereditary,	3	Pneumonia.
18	F.	46	Mania,	Cerebral Disease,	0	Maniacal Exhaustion.
19	M.	69	Melancholia,	Hereditary,	1	Gradual Exhaustion.
20	M.	42	Melancholia,	Fall, with Concussion of Brain,	5	Chronic Gastritis.
21	M.	77	Monomania,	Monomania,	2	Bronchitis.
22	F.	64	Monomania,	Monomania,	0	Exhaustion—(Depression.)

TABLE XVI.

RESULTS, AT PRESENT DATE, OF ADMISSIONS OF 60 YEARS.

Year.	Admitted.	Recovered.	Relieved, &c.	Dead.	Remaining 31st Dec. 1860.
1800-20	387	303		83	1
1821	55	29	19	7	0
1822	44	21	12	11	0
1823	39	12	15	12	0
1824	38	20	12	4	2
1825	52	23	19	9	1
1826	41	22	11	7	1
1827	36	15	13	7	1
1828	32	16	8	6	2
1829	46	16	18	11	1
1830	59	30	12	16	1
1831	33	13	8	11	1
1832	33	15	6	11	1
1833	42	19	14	9	0
1834	50	19	25	6	0
1835	42	22	8	10	2
1836	41	17	12	9	3
1837	43	17	11	14	1
1838	53	23	10	17	3
1839	74	32	18	18	6
1840	48	25	11	8	4
1841	56	21	15	14	6
1842	51	21	15	8	7
1843	71	37	17	13	4
1844	74	34	20	14	6
1845	93	47	21	19	6
1846	67	29	20	12	6
1847	95	48	20	21	6
1848	83	41	23	14	5
1849	81	36	21	13	11
1850	69	35	12	14	8
1851	85	37	23	13	12
1852	95	48	28	11	8
1853	107	48	22	24	13
1854	65	26	17	11	11
1855	61	37	7	6	11
1856	103	56	16	12	19
1857	84	32	17	13	22
1858	102	38	11	11	42
1859	84	25	13	9	37
1860	78	23	8	4	43
	2892	2036		542	314

TABLE XVII.

GENERAL RESULTS OF THE LAST 31 YEARS.

Year.	Mean Number Resident.	Admitted.	Recovered.	Dead.	Recovered per cent. to Admissions.	Recovered per cent. to mean No. Resident.	Deaths per cent. to Admissions.	Deaths per cent. to mean No. Resident.
1830	102	59	27	8	45·77	26·57	13·56	7·84
1831	100	33	14	12	42·42	14·00	36·36	12·00
1832	106	33	15	10	45·45	14·15	30·30	9·43
1833	107	42	23	14	54·76	21·51	33·33	13·08
1834	114	50	16	6	32·00	14·91	12·00	5·26
1835	116	42	20	11	47·61	18·10	26·19	9·48
1836	109	41	24	5	58·53	22·02	12·19	4·59
1837	113	43	16	8	39·53	14·16	18·60	7·08
1838	124	53	20	14	37·73	16·13	26·41	11·29
1839	140	74	26	10	35·13	18·57	13·51	7·14
1840	144	48	25	19	52·08	17·36	39·58	13·19
1841	150	56	22	10	39·29	14·66	17·86	6·67
1842	152	51	26	11	50·98	17·10	21·57	7·24
1843	167	71	28	12	39·44	17·18	16·90	7·19
1844	183	74	30	7	40·54	16·39	9·46	3·83
1845	200	93	41	13	44·09	20·05	13·98	6·50
1846	213	67	29	12	43·28	13·14	17·91	5·63
1847	222	95	40	23	42·10	18·02	24·21	10·36
1848	229	82	47	17	57·31	20·52	20·73	7·42
1849	229	83	36	16	43·36	15·70	19·27	6·98
1850	230	69	32	17	46·37	13·91	24·91	7·39
1851	245	85	32	20	37·64	13·06	23·53	8·16
1852	263	95	42	18	44·21	15·97	18·94	6·84
1853	280	107	54	21	50·46	19·28	17·75	7·50
1854	281	65	39	19	60·00	13·87	29·23	6·75
1855	274	61	31	9	50·82	11·31	14·75	3·29
1856	291	103	44	20	42·72	15·12	19·41	6·87
1857	299	84	50	21	59·52	16·79	25·00	7·02
1858	295	102	39	15	38·23	13·22	14·70	5·08
1859	307	84	42	9	50·00	13·59	10·71	2·93
1860	308	72	32	22	41·02	10·39	28·29	7·14
Sum and Average of 31 years.		6093	2123	962	429			
		196·55	68·48	31·03	13·84	45·31	15·78	20·06
								7·04

TABLE XVIII.

ABSTRACT OF DAILY RETURNS, SHOWING DISTRIBUTION, &c., OF
PATIENTS REMAINING IN THE HOSPITAL.

	Males.	Females.	Total.
Number of Patients in the Asylum, 1st Jan., 1861,....	146	167	313
" in Front House,.....	24	23	47
" in Back House,.....	47	40	87
" in East Wing,.....	..	79	79
" in West Wing,.....	62	..	62
" in Clarkseat House,.....	13	..	13
" in Barkmill House,.....	..	10	10
" in Gate Cottage,.....	..	15	15
Number of Patients Sick, 1st Jan., 1861,.....	2	10	12
" Employed,.....	59	100	159
" Unemployed, except in exercise or amusement,.....	87	67	154
" Attending Chapel,.....	79	127	206

TABLE XIX.

ARTICLES OF CLOTHING MADE AND REPAIRED FROM JANUARY, 1860,
TO JANUARY, 1861.

	Made.	Repaired.		Made.	Repaired.
Aprons,	252	200	Neckerchiefs,	242	132
Beds, .....	..	2	Night Caps,.....	170	221
Bed Covers,.....	37	15	Petticoats,.....	292	411
Bed Gowns,	111	161	Pillow Slips,.....	95	137
Bed Ticks,.....	28	26	Pillow Ticks,.....	85	16
Blankets,	112	57	Quilts,.....	1	11
Bolster Slips,.....	78	171	Sheets,.....	148	358
Bolster Ticks,.....	62	54	Shifts,.....	236	324
Carpets,	3	6	Shirts,.....	110	577
Caps,	1	14	Stays,.....	6	15
Coats,	43	541	Stockings,.....	217	4024
Collars,.....	73	28	Strong Dresses,.....	4	18
Day Caps,.....	168	211	Strong Quilts,.....	2	8
Drawers,.....	87	811	Table Cloths,.....	52	16
Frocks,.....	1	90	Towels,.....	152	47
Gowns,.....	205	318	Trousers,.....	70	731
Habit Shirts,.....	40	47	Vests,.....	55	537
Jackets,.....	14	210	Wrappers,.....	42	30
Linders,.....	263	947			

Royal Infirmary,

10th June, 1861.

*At a Quarterly Court of the Managers held
here this day, the Medieval Report of the ROYAL LUNATIC
ASYLUM having been read by Dr. JAMIESON, was approved
of, and ordered to be printed and circulated, along with an
Abstract of the Income and Expenditure.*

ALEX. ANDERSON, P.

A B S T R A C T

OF THE

Income and Expenditure of the Lunatic Asylum,

FOR ONE YEAR, ENDING 31ST MARCH, 1861.

INCOME.

Bedlam Fund,	£30	0	0
Legacy by Dr. Dun (income from it),.....	33	18	4
Ground under Crop,.....	269	18	1
Bequest—George, James, and Alexander Chalmers, Turriff,	30	0	0
Shoemaker's Account,.....	31	17	0
Board for Patients,.....	8699	0	2
	£9094	13	7

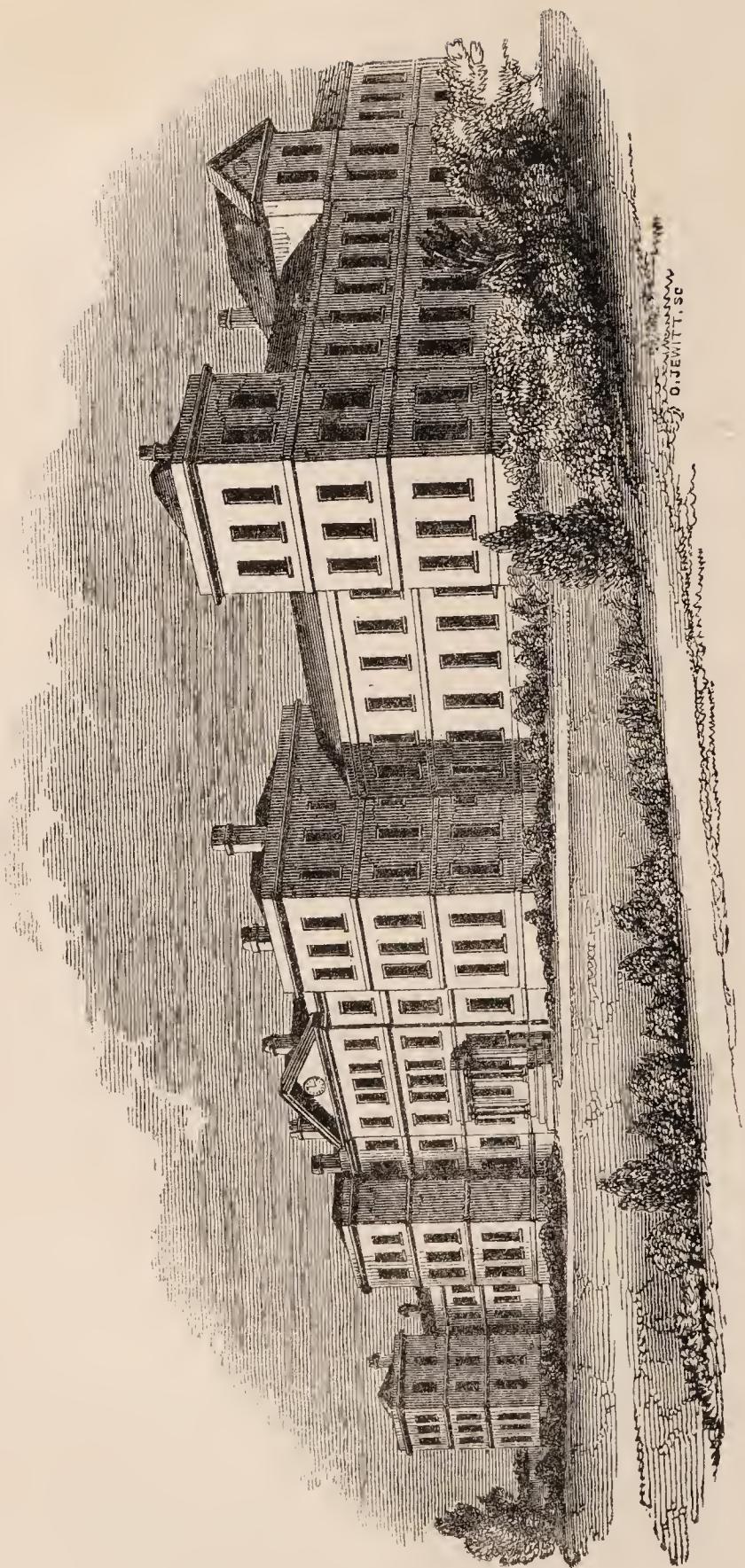
EXPENDITURE.

Provisions,	3562	0	11
Fire and Light,	389	17	6
Washing,	57	2	0
Medicines,	27	2	6
Wine, Spirits, and Porter,.....	95	10	2
Repairs,.....	341	13	11
Furniture and Bedding,	229	3	9
Salaries to Medical Officers,.....	530	0	0
Do. to Chaplain,.....	50	0	0
Do. to Treasurer,.....	130	0	0
Do. to House Steward,.....	75	0	0
Do. to Matron,.....	70	0	0
Servants' Wages,.....	706	13	6
Incidents, Insurance, Printing, Stationery, and Annuity,.....	214	6	1
Interest,.....	487	16	7
Clothing for Pauper Patients,	436	6	3
Joiner's Account,.....	0	5	5
	£7402	18	7
Income above Expenditure,.....	1691	15	0
	£9094	13	7

WM. WALKER, *Treasurer.*

*The following LEGACIES have been received betwixt 31st March, 1860,
and 1st April, 1861.*

Major Mitchell, late of Ashgrove,.....	£100	0	0
Less duty and expense,.....	11	0	1
			£88 19 11
Roderick Mackenzie, Esq. of Glack, per his Executors,.....	100	0	0
			£188 19 11



THE GENERAL HOSPITAL FOR THE INSANE AT NORTHAMPTON,
(Opened on the First of August, 1838.)